

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

MARC S. GISON 131-60
#180571/160904
13800 McMULLEN HWY
CUMBERLAND MD

21502-5622

(Full name, date of birth, identification #, address of petitioner)

Plaintiff,

v.

COREZON HEALTH SERV. ET AL.
MARYLAND DIVISION OF CORR.
6776 REISTERSTOWN RD
BALTIMORE MD 21215

(Full name and address of respondent)

Defendant(s).

Case No.:

(Leave blank. To be filled in by Court.)

COMPLAINT

I. Previous Lawsuits

A. Have you filed other cases in state or federal court dealing with the same facts as in this case or against the same defendants?

YES ☐ NO ☒

B. If you answered YES, describe that case(s) in the spaces below.

1. Parties to the other case(s):

Plaintiff: _____

Defendant(s): _____

2. Court (if a federal court name the district; if a state court name the city or county):

FILED
MAR 16 2020
U.S. DISTRICT COURT
DISTRICT OF MARYLAND
DEPUTY
ENTERED
RECEIVED

3. Case No.: _____
4. Date filed: _____
5. Name of judge that handled the case: _____
6. Disposition (won, dismissed, still pending, on appeal): _____
7. Date of Disposition: _____

II. Administrative Proceedings

- A. If you are a prisoner, did you file a grievance as required by the prison's administrative remedy procedures?

YES ☐ NO ☒

1. If you answered YES:

- a. What was the result? _____
- b. Did you appeal? _____
- YES ☐ NO ☐

2. If you answered NO to either of the questions above, explain why: BECAUSE THE
COMPLAINT WAS FOUND TO BE MERITORIOUS

III. Statement of Claim

(Briefly state the facts of your case. Include dates, times, and places. Describe what each defendant did or how he/she is involved. If you are making a number of related claims, number and explain each claim in a separate paragraph.)

I WAS AT DORSET RUN CORRECTIONAL FACILITY FROM 3-5-18 UNTIL
8-23-19 AND SUFFERED BECAUSE OF WHEELCHAIR INACCESSIBILITY
FILTHY DORMITORY AND BATHROOM; CHOWER CONDITIONS
I WAS HOSPITALIZED FOR BLOOD-CLOTS IN MY BLADDER FROM THOSE
CONDITIONS AND WAS GIVEN INADEQUATE MEDICAL ATTENTION

IV. Relief

(State briefly what you want the Court to do for you.)

RETURN ALL GOOD CONDUCT CREDITS. AWARD MONETARY
COMPENSATORY AND PUNITIVE DAMAGES

SIGNED THIS 20th day of January, 2020.

Marc Cason

Signature of Plaintiff

MARC CASON

Printed Name

13800 Mc MULLEN HWY CUMBERLAND MD
Address 21500

Telephone Number

Email Address